

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION


Facility's Name: The Plaza at Moanalua	CHAPTER 90
Address: 1280 Moanalualani Place, Honolulu, Hawaii 96818	Inspection Date: July 8, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

21 AUG -2 P 2:35
STATE OF HAWAII
CORRECTION
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-4 <u>Minimum building and structural requirements.</u> (1) The facility shall provide each resident with the following:</p> <p>Apartment unit with a bathroom, refrigerator, and cooking capacity, including a sink;</p> <p>FINDINGS Unable to assess building and structural requirements. Inspection of facility was denied by staff upon arrival.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>STATE OF HAWAII DHHS STATE LICENSING</p>	<p>21 AUG -2 P2:35</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-4 <u>Minimum building and structural requirements.</u> (1) The facility shall provide each resident with the following:</p> <p>Apartment unit with a bathroom, refrigerator, and cooking capacity, including a sink;</p> <p><u>FINDINGS</u> Unable to assess building and structural requirements. Inspection of facility was denied by staff upon arrival.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>see attached</i></p> <p> JUL 28 2021</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p>21 AUG -2 P2:36</p>

11-90-4(1):

Future Plan

Every weekday, beginning July 1, a modified schedule will be executed for the department head team until the annual inspection is completed, to ensure a manager is at the community on or before 7:30am. All department heads have full access to all areas of the community. This will ensure the building and structural inspection can start promptly at 7:45am, upon the inspectors arrival.

A handwritten signature in black ink, appearing to be "J. Smith", written in a cursive style.

JUL 28 2021

STATE OF HAWAII
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JUL 28 2021

21 AUG -2 P2:36


	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-4 <u>Minimum building and structural requirements.</u> (2) The facility shall provide each resident with the following:</p> <p>The unit shall be a minimum of 220 square feet, not including the bathroom;</p> <p><u>FINDINGS</u> Unable to assess building and structural requirements. Inspection of facility was denied by staff upon arrival.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p>21 AUG -2 P2:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-4 <u>Minimum building and structural requirements.</u> (2) The facility shall provide each resident with the following:</p> <p>The unit shall be a minimum of 220 square feet, not including the bathroom;</p> <p><u>FINDINGS</u> Unable to assess building and structural requirements. Inspection of facility was denied by staff upon arrival.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>see attached</i></p> <p><i>[Signature]</i> JUL 28 2021</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p>21 AUG -2 P2:36</p>

11-90-4(2):

Future Plan


Every weekday, beginning July 1, a modified schedule will be executed for the department head team until the annual inspection is completed, to ensure a manager is at the community on or before 7:30am. All department heads have full access to all areas of the community. This will ensure the building and structural inspection can start promptly at 7:45am, upon the inspectors arrival.



JUL 28 2021

STATE OF HAWAII
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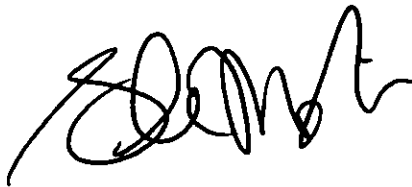
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-4 <u>Minimum building and structural requirements.</u> (4) The facility shall provide each resident with the following:</p> <p>The unit shall have a separate and complete bathroom with a sink, shower, and toilet;</p> <p><u>FINDINGS</u> Unable to assess building and structural requirements. Inspection of facility was denied by staff upon arrival.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>21 AUG -2 P 2:36</p> <p>STATE OF HAWAII DOH-040A STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-4 <u>Minimum building and structural requirements.</u> (4) The facility shall provide each resident with the following:</p> <p>The unit shall have a separate and complete bathroom with a sink, shower, and toilet;</p> <p><u>FINDINGS</u> Unable to assess building and structural requirements. Inspection of facility was denied by staff upon arrival.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>see attached</i></p> <p> JUL 28 2021</p>	<p>21 AUG -2 P2:36</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

11-90-4(4):

Future Plan

Every weekday, beginning July 1, a modified schedule will be executed for the department head team until the annual inspection is completed, to ensure a manager is at the community on or before 7:30am. All department heads have full access to all areas of the community. This will ensure the building and structural inspection can start promptly at 7:45am, upon the inspectors arrival.



JUL 28 2021

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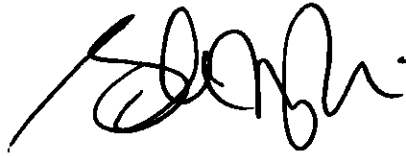
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-4 <u>Minimum building and structural requirements.</u> (5) The facility shall provide each resident with the following:</p> <p>The unit shall accommodate physically challenged persons and persons in wheelchairs, as needed;</p> <p><u>FINDINGS</u> Unable to assess building and structural requirements. Inspection of facility was denied by staff upon arrival.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>STATE OF HAWAII DCH-GHCA STATE LICENSING</p>	<p>21 AUG -2 P 2:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-4 <u>Minimum building and structural requirements.</u> (5) The facility shall provide each resident with the following:</p> <p>The unit shall accommodate physically challenged persons and persons in wheelchairs, as needed;</p> <p><u>FINDINGS</u> Unable to assess building and structural requirements. Inspection of facility was denied by staff upon arrival.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>see attached</i></p> <p><i>[Signature]</i></p> <p>JUL 28 2021</p>	<p>21 AUG -2 P2 36</p> <p>STATE OF HAWAII DHF-CHCA STATE LICENSING</p>

11-90-4(5):

Future Plan

Every weekday, beginning July 1, a modified schedule will be executed for the department head team until the annual inspection is completed, to ensure a manager is at the community on or before 7:30am. All department heads have full access to all areas of the community. This will ensure the building and structural inspection can start promptly at 7:45am, upon the inspectors arrival.


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JUL 28 2021

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 AUG -2 P2:37

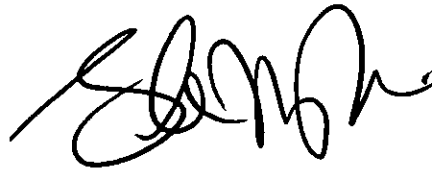
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-4 <u>Minimum building and structural requirements.</u> (6) The facility shall provide each resident with the following:</p> <p>The unit shall have a call system monitored 24-hours a day by facility staff;</p> <p><u>FINDINGS</u> Unable to assess building and structural requirements. Inspection of facility was denied by staff upon arrival.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>21 AUG -2 P2:36</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-4 <u>Minimum building and structural requirements.</u> (6) The facility shall provide each resident with the following:</p> <p>The unit shall have a call system monitored 24-hours a day by facility staff;</p> <p><u>FINDINGS</u> Unable to assess building and structural requirements. Inspection of facility was denied by staff upon arrival.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>see attached</i></p> <p> JUL 28 2021</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p>21 AUG -2 P2:36</p>

11-90-4(6):

Future Plan

Every weekday, beginning July 1, a modified schedule will be executed for the department head team until the annual inspection is completed, to ensure a manager is at the community on or before 7:30am. All department heads have full access to all areas of the community. This will ensure the building and structural inspection can start promptly at 7:45am, upon the inspectors arrival.


A handwritten signature in black ink, appearing to be 'S. M. H.', is centered on the page.

JUL 28 2021

STATE OF HAWAII
BOH-DHCA
STATE LICENSING

21 AUG -2 P2:37

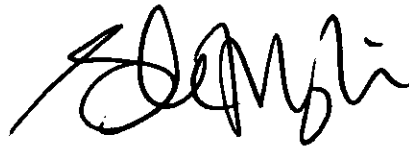
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-4 <u>Minimum building and structural requirements.</u> (7) The facility shall provide each resident with the following:</p> <p>The unit shall be wired for telephone and television;</p> <p><u>FINDINGS</u> Unable to assess building and structural requirements. Inspection of facility was denied by staff upon arrival.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p>21 AUG -2 P2 36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-4 <u>Minimum building and structural requirements.</u> (7) The facility shall provide each resident with the following:</p> <p>The unit shall be wired for telephone and television;</p> <p><u>FINDINGS</u> Unable to assess building and structural requirements. Inspection of facility was denied by staff upon arrival.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>see attached</i></p> <p> JUL 28 2021</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p>21 AUG -2 P2:36</p>

11-90-4(7):

Future Plan

Every weekday, beginning July 1, a modified schedule will be executed for the department head team until the annual inspection is completed, to ensure a manager is at the community on or before 7:30am. All department heads have full access to all areas of the community. This will ensure the building and structural inspection can start promptly at 7:45am, upon the inspectors arrival.



JUL 28 2021


STATE OF HAWAII
DOH-CHCA
STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-4 <u>Minimum building and structural requirements.</u> (8) The facility shall provide each resident with the following:</p> <p>Access to common areas such as activity rooms, lounges, dining rooms, and laundry;</p> <p><u>FINDINGS</u> Unable to assess building and structural requirements. Inspection of facility was denied by staff upon arrival.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-4 <u>Minimum building and structural requirements.</u> (8) The facility shall provide each resident with the following:</p> <p>Access to common areas such as activity rooms, lounges, dining rooms, and laundry;</p> <p><u>FINDINGS</u> Unable to assess building and structural requirements. Inspection of facility was denied by staff upon arrival.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>see attached</i></p> <p> JUL 28 2021</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p>21 AUG -2 P2:36</p>

11-90-4(8):

Future Plan


Every weekday, beginning July 1, a modified schedule will be executed for the department head team until the annual inspection is completed, to ensure a manager is at the community on or before 7:30am. All department heads have full access to all areas of the community. This will ensure the building and structural inspection can start promptly at 7:45am, upon the inspectors arrival.


A handwritten signature in black ink, appearing to be 'A. K. M. L.', is centered on the page.

JUL 28 2021

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (b) All facility staff shall be in compliance with current department tuberculosis clearance procedures.</p> <p><u>FINDINGS</u> Employee #1 – Initial and annual TB clearances unavailable for review. Submit a copy with plan of correction.</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center"><i>see attached</i></p> <p align="center"> JUL 28 2021</p> <p align="right">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p align="center">21 AUG -2 P2:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (b) All facility staff shall be in compliance with current department tuberculosis clearance procedures.</p> <p><u>FINDINGS</u> Employee #1 – Initial and annual TB clearances unavailable for review. Submit a copy with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>see attached</i></p> <p> JUL 28 2021</p>	

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

21 AUG-2 P2:36

11-90-6(b):

Did you correct the deficiency? Completion date?

Employee #1 [REDACTED] initial 2-Step TB Test was completed on July 8, 2021 (please see attached documentation). This documentation was filed in his personnel file, along with a copy of his COVID-19 vaccination card.

The deficiency was corrected on July 8, 2021.

Future Plan


If a new-hire employee is unable to complete the 2-Step TB Test due to receiving the COVID-19 vaccine, a copy of the employee's vaccination card will be kept in the employee's personnel file. The Business Office Manager will set a calendar reminder dated four weeks after the last dose of the COVID-19 vaccine to ensure the employee promptly completes the 2-Step TB Test.



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STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 AUG -2 P2:37

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 Range of services. (a)(2) Service plan.</p> <p>A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible;</p> <p>FINDINGS Resident #2 – Conflicting medication orders on medication administration record (MAR) and medication bottle prescription label. MAR states, "Telmisartan Tablet 80mg Give 1 tablet by mouth one time a day"; however, medication bottle label states, "Telmisartan 40mg tab Take 1 tablet by mouth twice daily with existing hold parameters".</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>see attached</i></p> <p> JUL 28 2021</p> <p>STATE OF HAWAII DH-ORCA STATE LICENSING</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(2) Service plan.</p> <p>A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible;</p> <p><u>FINDINGS</u> Resident #2 – Conflicting medication orders on medication administration record (MAR) and medication bottle prescription label. MAR states, "Telmisartan Tablet 80mg Give 1 tablet by mouth one time a day"; however, medication bottle label states, "Telmisartan 40mg tab Take 1 tablet by mouth twice daily with existing hold parameters".</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>see attached</i></p> <p><i>[Signature]</i> JUL 28 2021</p> <p>STATE OF HAWAII BOH-OHCA STATE LICENSING</p>	<p>21 AUG -2 P2:36</p>

11-90-8(a)(2):

Did you correct the deficiency? Completion date?

Resident #2 (MK) medication bottle of Telmisartan had a sticker added, which states "Directions changed. Refer to chart." The sticker is white with red print.

The deficiency was corrected on July 8, 2021.

Future Plan

All nursing stations were checked to ensure an adequate supply of stickers (white) stating, "Directions changed. Refer to chart." The charge nurses were reminded that medication orders on the medication administration record (MAR) and medication bottle prescription label must match and if the order changes to utilize the dedicated white sticker described above.

The Director of Nursing, Assistant Director of Nursing, and/or Lead Charge Nurse will spot check medications to ensure the current medication order on the medication administration record (MAR) and medication bottle prescription label match and if the order changed a white sticker (described above) was placed on the medication bottle.




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STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(3) Service plan.</p> <p>The initial service plan shall be developed prior to the time the resident moves into the facility and shall be revised if needed within 30 days. The service plan shall be reviewed and updated by the facility, the resident, and others as designated by the resident at least annually or more often as needed;</p> <p><u>FINDINGS</u> Resident #1 – Service plan was not updated to include the current diet order, No Added Salt (NAS) diet, ordered by physician on 3/5/21. Service plan states, “regular diet”. Submit an updated service plan reflecting current diet orders.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>see attached</i></p> <p><i>[Signature]</i></p> <p>JUL 28 2021</p>	<p>21 AUG -2 P 2:36</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(3) Service plan.</p> <p>The initial service plan shall be developed prior to the time the resident moves into the facility and shall be revised if needed within 30 days. The service plan shall be reviewed and updated by the facility, the resident, and others as designated by the resident at least annually or more often as needed;</p> <p><u>FINDINGS</u> Resident #1 – Service plan was not updated to include the current diet order, No Added Salt (NAS) diet, ordered by physician on 3/5/21. Service plan states, “regular diet”. Submit an updated service plan reflecting current diet orders.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>see attached</i></p> <p> JUL 28 2021</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p>21 AUG -2 P2:36</p>

11-90-8(a)(3):

Did you correct the deficiency? Completion date?

Resident #1 (EI) service plan was updated to include current diet order.

The deficiency was corrected on July 8, 2021.

Future Plan

The charge nurses were reminded and re-educated on the correct process to update a resident's service plan on PointClickCare.

The Administrator, Director of Nursing, Assistant Director of Nursing, and/or Lead Charge Nurse will double check all service plans, when orders and/or services are updated, to ensure the information included is current and accurate.

A handwritten signature in black ink, appearing to be 'S. Miller'.

JUL 28 2021

STATE OF HAWAII
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STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(B)(ii) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Administration of medication:</p> <p>The facility shall provide and implement policies and procedures which assure that all medications administered by the facility are reviewed at least once every 90 days by a registered nurse or physician, and is in compliance with applicable state laws and administrative rules.</p> <p><u>FINDINGS</u> Resident #2 – Documentation of timely medication review unavailable between 3/13/21 and 7/8/21.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>STATE OF HAWAII DH-CHCA STATE LICENSING</p>	<p>21 AUG -2 P 2:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(B)(ii) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Administration of medication:</p> <p>The facility shall provide and implement policies and procedures which assure that all medications administered by the facility are reviewed at least once every 90 days by a registered nurse or physician, and is in compliance with applicable state laws and administrative rules.</p> <p><u>FINDINGS</u> Resident #2 – Documentation of timely medication review unavailable between 3/13/21 and 7/8/21.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>see attached</i></p> <p><i>[Signature]</i></p> <p>JUL 28 2021</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p>21 AUG -2 P2:36</p>

11-90-8(b)(3)(B)(ii):

Future Plan


A checklist system will be utilized every quarter to ensure timely review of all medications administered by the community. The quarterly Physician Order Sheet will be filed in resident's chart promptly.


The Administrator, Director of Nursing, Assistant Director of Nursing, and/or Lead Charge Nurse will spot check resident charts to ensure the Physician Order Sheet has been reviewed, signed, and filed every quarter.

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STATE OF HAWAII
DOH-DHCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases;</p> <p><u>FINDINGS</u> Residents #3,4 – Annual physical exam unavailable for review. Submit a copy with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>see attached</i></p> <p> JUL 28 2021</p>	<p>21 AUG -2 P2:36</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases;</p> <p><u>FINDINGS</u> Residents #3,4 – Annual physical exam unavailable for review. Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center; font-size: 1.5em;"><i>see attached</i></p> <p style="text-align: center;">  </p> <p style="text-align: center;">JUL 28 2021</p> <p style="text-align: right; transform: rotate(-90deg); font-size: 0.8em;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: right;">21 AUG -2 P2 36</p>

11-90-9(a)(1):

Did you correct the deficiency? Completion date?

Resident #3 (BB) annual physical exam was received on June 8, 2021 (please see attached).

The deficiency was corrected (filed in the resident chart) on July 8, 2021.

Resident #4 (MW) annual physical exam still has not been received to date.

The most recent attempt to correct this deficiency was made on July 28, 2021 (please see attached).

Future Plan

A checklist system will be utilized every month to ensure timely receipt and/or follow-up of resident's annual physical exam. The annual history and physical will be filed in the resident's chart promptly upon receipt.

The Administrator, Director of Nursing, Assistant Director of Nursing, and/or Lead Charge Nurse will spot check resident charts to ensure the annual history and physical is current and filed.



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STATE LICENSING

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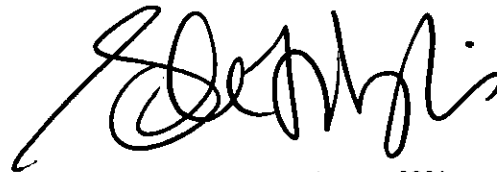
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (b) The facility records and reports shall be available for review at any time by authorized personnel and the department.</p> <p><u>FINDINGS</u> Facility was unable to provide records upon request at start of annual inspection; staff stating no one was available to retrieve records until administration arrives.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p>21 AUG-2 P2:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 Record and reports system. (b) The facility records and reports shall be available for review at any time by authorized personnel and the department.</p> <p><u>FINDINGS</u> Facility was unable to provide records upon request at start of annual inspection; staff stating no one was available to retrieve records until administration arrives.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>see attached</i></p> <p><i>[Signature]</i></p> <p>JUL 28 2021</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p>21 AUG -2 P2:36</p>

11-90-9(b):

Future Plan

Every weekday, beginning July 1, a modified schedule will be executed for the department head team until the annual inspection is completed, to ensure a manager is at the community on or before 7:30am. All department heads will have access to all resident charts, laptop for inspector, login credentials for the laptop and PointClickCare, all maintenance logs, and all personnel files (via secured lockbox key). This will ensure the inspection of records can start promptly at 7:45am, upon the inspector's arrival.

A handwritten signature in black ink, appearing to read "Scott M. Jones".

JUL 28 2021

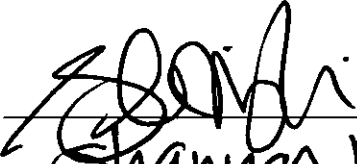
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Licensee's/Administrator's Signature:

Print Name:

Date:


Shannon Miyazaki
07/28/2021

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